

1 PLACE OF DEATH
STATE OF TEXAS

TEXAS STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

COUNTY OF Young

Registrar's 47484

CITY OR
PRECINCT NO. Abney

No. _____ Street _____

If in an institution, give name of institution instead of Street and No.

Length of residence in city where death occurred 7 yrs. _____ mos. _____ days _____? How long in U. S. if foreign born? _____ yrs. _____ mos. _____ days _____

2 FULL NAME
OF DECEASED M. R. Farmer

Residence: No. 7 Street _____

If non-residence give city, or town and state

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. Single Married
Widowed Divorced Married
(Write the word)

21. DATE OF DEATH

(month, day, and year) 10-28th 1934

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. M. R. Farmer

22. I HEREBY CERTIFY, That I attended deceased from
October 1st 1933 to October 28 1934

6. DATE OF BIRTH
(month, day, and year) March 16 1962

I last saw him alive on Oct 27 1934; death is said to

7. AGE
72 Years 7 Months 13 Days
If LESS than 1
1 day _____ hrs. _____ min.

have occurred on the date stated above, at 12⁵⁰ m.
The principal cause of death and related causes of importance
were as follows:

Date of
onset

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Rancher

Primary Carcinoma mgs
(Node 2) of Right Parotid Gland 1933

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years) spent
in this
occupation

Other contributory causes of importance:
Spontaneous melanoblastoma

12. BIRTHPLACE (city or town)
(State or country) Tarrant Co

Secondary Anemia

13. NAME
E. W. Farmer

Name of operation _____ date of _____
Autopsy diagnosis by

14. BIRTHPLACE (city or town)
(State or country) Tennessee

What test confirmed diagnosis? Section Was there an autopsy? _____

15. MAIDEN NAME
Don't know

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____

16. BIRTHPLACE (City or town)
(State or country) Don't know

Date of injury _____ 19 _____

17. INFORMANT
M. R. Farmer

Where did injury occur? _____
(Specify city or town, county, and State)

(Address) Abney Texas

Specify whether injury occurred in in-
dustry, in home, or in public place.

18. BURIAL, CREMATION,
OR REMOVAL
Place Abney Date 10-28 1934

Manner of injury _____

19. UNDERTAKER
M. M. Lunn

Nature of injury _____

(Address) Abney Texas

24. Was disease or injury in any way
related to occupation of deceased? no

(Address) Abney Texas

If so, specify _____

20. FILE DATE AND SIGNATURE OF REGISTRAR

(Signed) W. J. Saldivia M. D.

11-5 1934 H. W. McCoursen

(Address) Abney Texas